

WOODROW WILSON REHABILITATION CENTER POLICIES AND PROCEDURES	
Title: MENTAL HEALTH CRISIS INTERVENTION POLICY	
Policy Number: 7.03	
Effective Date: 10/93	Page 1 of 5
Lead Department: Psychological Services	

OBJECTIVE

Staff at WWRC will intervene in any mental health crisis that may occur with consumers to maintain their safety and health.

POLICY

Staff at WWRC will attempt to resolve mental health crisis through crisis intervention, assessment of risk for potential danger, and implementation of a safe and appropriate disposition for the consumer. This policy applies to anyone enrolled in a program or services at WWRC.

PROCEEDURE

Staff response to mental health and behavioral crisis may vary according to circumstance such as the specific issue and current staffing (during normal business hours, on weekends or late at night). Below is an outline of specific steps that need to be taken based on behavior and staffing.

(SEE EMERGENCY TELEPHONE NUMBERS IN STUDENT HEALTH, ROTHROCK HALL, PSYCHOLOGY DEPARTMENT AND WWRC POLICE)

Suicide Threat or Decompensation (such as increased paranoia, agitation, disorganized thought processing etc):

Normal Business hours (7 AM to 5 PM weekdays):

- Any expressed thoughts of harming self or others needs to be addressed immediately by staff.
- Any observations of an individual's behavior decompensation due to mental illness should be addressed immediately by staff.
- Initial screening for risk can be done by a rehabilitation counselor, behavioral specialist, physician, nurse practitioner, or a clinician in the psychology department.
- A licensed clinician in the psychology department should be consulted by the person doing the screening to determine if further evaluation is needed.
- If it is determined that an evaluation is needed by a licensed clinician, the consumer should be escorted to the psychology department. The clinician will determine if the

consumer can be managed at the Center with a plan, need further evaluation by the Community Services Board crisis worker regarding involuntary commitment, sent to Augusta Health ER for evaluation and treatment, or transported home.

- The licensed clinician will work with staff from counseling, nursing, and residential services to implement the appropriate disposition.

Evenings and Weekends (less staff coverage)

- Any expressed thoughts of harming self or others need to be addressed immediately by staff.
- Any observations of an individual's behavior decompensation due to mental illness should be addressed immediately by staff.
- Initial screening may be done by a behavioral specialist.
 - The behavioral specialist may offer crisis intervention and consult with psychology department clinician.
- The behavioral specialist will need to determine if the individual sees a clinician in the psychology department.
 - If so, an attempt should be made to contact that clinician for consultation.
 - If the clinician cannot be contacted, the on-call clinician should be called for consultation.
- Other residential staff should:
 - Determine if the individual sees a clinician in the psychology department.
 - If so, an attempt should be made to contact that clinician for consultation.
 - If the clinician cannot be contacted, the on-call clinician should be called for consultation.
- If it is determined that an evaluation is needed by the on-call clinician, the consumer should be closely monitored until the clinician arrives to the Center. The clinician will determine if the consumer can be managed at the Center with a plan, need further evaluation by the Community Services Board crisis worker regarding involuntary commitment, sent to Augusta Health ER for evaluation and treatment, or transported home.
 - The licensed clinician will work with staff from Residential Services, Police, and Nursing to implement an immediate plan of action to address stabilization and/or transportation until normal business hours. The plan will be documented in an AWARE service note.
 - The rehabilitation counselor, with the assistance from a psychology department clinician and the rehabilitation team, will initiate plans to address long-term disposition.

Suicide Attempt:

Normal Business hours (7 AM to 5 PM weekdays):

- A Code Blue (7266) and 911 should be called if the consumer is unresponsive.
- If responsive, the individual should be brought to Student Health for an evaluation.
- Medical staff will determine if the person needs to be transported to the emergency room at Augusta Health.

- Transportation should be arranged through Student Health
- If sent to emergency room
 - The ER physician will determine disposition.
 - If individual is discharged back to the Center, staff will follow the discharge recommendations.
 - A clinician in the psychology department will need to be consulted by the counselor and /or nursing staff to address disposition.
 - If the physician determines that an individual will be admitted to the hospital, the rehabilitation counselor will have a team meeting within 24 hours to determine disposition
- If not sent to ER, a clinician from the psychology department will determine if the consumer can be managed at the Center with a plan, need further evaluation by the Community Services Board crisis worker regarding involuntary commitment, sent to Augusta Health for evaluation and treatment, or transported home.
 - The licensed clinician will work with staff from Counseling, Nursing, and Residential Services to implement the appropriate disposition.

Evenings and Weekends (less staff coverage)

- A Code Blue (7266) and 911 should be called if the consumer is unresponsive.
- If responsive, the individual should be brought to either Student Health or Rothrock Hall for an evaluation.
- Medical staff will determine if the person needs to be transported to the emergency room at AH.
- Transportation should be arranged through nursing.
- If sent to emergency room
 - The ER physician will determine disposition.
 - If individual is discharged back to the Center, staff will follow the discharge recommendations.
 - A clinician in the psychology department will need to be consulted by the nursing staff and/or police to address disposition.
 - If the physician determines that an individual will be admitted to the hospital, the rehabilitation counselor will have a team meeting the first business day after the admission to determine disposition
- If not sent to ER for medical stabilization, the on-call clinician from the psychology department will determine if the consumer can be managed at the Center with a plan, need further evaluation by the Community Services Board crisis worker regarding involuntary commitment, sent to Augusta Health for evaluation and treatment, or transported home.
 - The licensed clinician will work with staff from counseling, nursing, and residential services to implement the appropriate short-term disposition.
- If it is determined that an evaluation is needed by the on-call clinician, the consumer should be closely monitored (individual supervision in a secure area) until the clinician arrives to the Center. The clinician will determine if the consumer can be managed at the Center with a plan, need further evaluation by the Community Services Board crisis

worker regarding involuntary commitment, sent to Augusta Health for evaluation and treatment, or transported home.

- The licensed clinician will work with staff from Residential Services, Police, and Nursing to implement an immediate plan of action to address stabilization until normal business hours. The plan will be documented in an AWARE service note.
- The rehabilitation counselor with the assistance from a psychology department clinician and the rehabilitation team will initiate plan to address long-term disposition.

Physical Aggression:

- Immediately contact the Center Police Department by **calling 911**.
Center Police **7317 and 911**
WWRC Police Cell Phone **332-7010**
- Staff members with up to date training in Therapeutic Options intervention techniques may use the techniques utilized to intervene.
- Staff should focus on maintaining the safety of consumers not directly involved in the confrontation.

Disposition options:

Minimal, or no restrictions

- Screening or assessment indicated minimal or no risk of harm
- Consumer clearly indicates no intent to harm self, and is willing to contract for safety.
- May have a plan for periodic observations and check-ins with a specific staff over no more than a 24-hour period.
- Documentation in AWARE of screening or assessment results and any follow-ups.

Consumer will remain in their room or temporarily assigned location

- Screening or assessment indicates minimal or no risk of harm, but there is significant concern that integration back into the WWRC community may have a negative impact on the consumer's health or safety.
- Consumer agrees to contact a specific staff member if consumer feels like harming self or others.
- Plan is documented in AWARE service note.
- If approved by licensed mental health clinician or administrator in charge, request residential staff member and/or Police Officer to provide assistance that may require room search, personal check-ins, documented check-ins, or documented observations at a pre-determined frequency.

Emergency Custody Order (ECO)

- Center or Augusta County Police may issue an ECO. The on-call Community Services Board (CSB) crisis worker will need to be contacted by police to evaluate (in a convenient location) the need for hospitalization or treatment. The individual will remain in the custody of the police officer throughout the duration of the ECO (Va. Code 37.2-809). Any mental health clinician working with the individual may be contacted by

police or the CSB to provide needed mental health information. Virginia Law requires full cooperation by mental health professionals to provide information needed by crisis team and/or police to address disposition in an emergency situation.

- The CSB crisis worker will determine if the individual is a risk to self or others, along with need for hospitalization or treatment. If it is determined the individual can return to the Center, staff will follow the discharge recommendations.
 - A clinician in the psychology department will need to be consulted by the counselor and /or nursing staff to address disposition.
 - If the CSB crisis worker determines that an individual will be hospitalized, the rehabilitation counselor will have a team meeting within 24 hours to determine disposition

SEE EMERGENCY TELEPHONE NUMBERS IN STUDENT HEALTH, ROTHROCK HALL, PSYCHOLOGY, OR WWRC POLICE

Revised 10/97
Revised 5/98
Reviewed 9/99
Revised 7/00,7/02
Revised 7/03
Revised 1/07
Revised 9/08
Revised 1/11